

Marion Community Schools
Raising the bar of excellence in education

July 9, 2012

Professional Licensing Agency
Attn: Indiana State Board of Nursing
402 W. Washington Street, Room W072
Indianapolis, Indiana 46204

Elizabeth Kiefner Crawford,

I write to inform the Indiana State Board of Nursing about updates taking place at Marion Community School of Practical Nursing. We are continuously exploring ways to improve our School of Practical Nursing. We are increasing our enrollment from 50 students a year to 60 students for the 2012-2013 school year. We are pleased to be adding an additional Full-time faculty member to support the increase in enrollment.

I have recently purchased the Mountain Measurement to take a deeper look into our curriculum. Based on the findings reported in the Mountain Measurement report the faculty at Marion Community Schools would like to implement the changes presented in the attachments as evidence for continuing to improve the quality of practical nursing student we produce.

If the Indiana State Board of Nursing would have any questions or need additional information to support the changes being requested, please do not hesitate to request the information. Please feel free to contact me with any questions via email aleffler@marion.k12.in.us or by telephone (765)-664-9091, Ext 120.

Sincerely,

Amanda R. Leffler, MSN, RN

E. Please attach the following documents to the Annual Report in compliance with 848 IAC 1-2-23:

1. A list of faculty no longer employed by the institution since the last Annual Report.

Jeanette Spratt= Retired May 2011

Jeanine Hinton=Resigned September 2011

Jenna Satterhwaite=Resigned May 2012

Michele Bangma=Resigned August 2012

Director Full-time
Licensed Practical Nursing Program
Amanda R. Leffler, MSN, RN

Part-Time Faculty
Renee Lehrian, BSN, RN

Full-Time Faculty
Michele Bangma, BSN,

Full-Time Faculty
Jenna Satterthwaite, BSN, RN

Part-Time Faculty
Open

Clinical Faculty

Nancy Lahr MS, RN

Craig Peel BSN, RN

Joy McFarren
BSN,RN

Bonnie Miltenberger
ASN, RN

Kim Altman
ASN, RN

Linda Clem ASN, RN

Sharon Hoheimer
ASN, RN

Karen Turner
ASN, RN

Explanation for "YES" responses:

4) Change in Dean or Director, I cannot find where this information was ever included on the previous annual reports, which is why I am including it on this year's report. The Board was notified by US Postal mail in August of 2011.

Director Name:	Amanda R. Leffler
Indiana License Number:	28157491A
Full or Part Time:	Full-Time
Date of Appointment:	07/01/2011
Highest Degree:	MSN
Responsibilities:	Director/Classroom/Clinical

7) Does the program have adequate library resources? Our program has an adequate library with current and up-to-date resources. We are currently receiving the following publication as resources for our program:

Nursing 2012

American Journal of Nursing

OR Nurse 2012

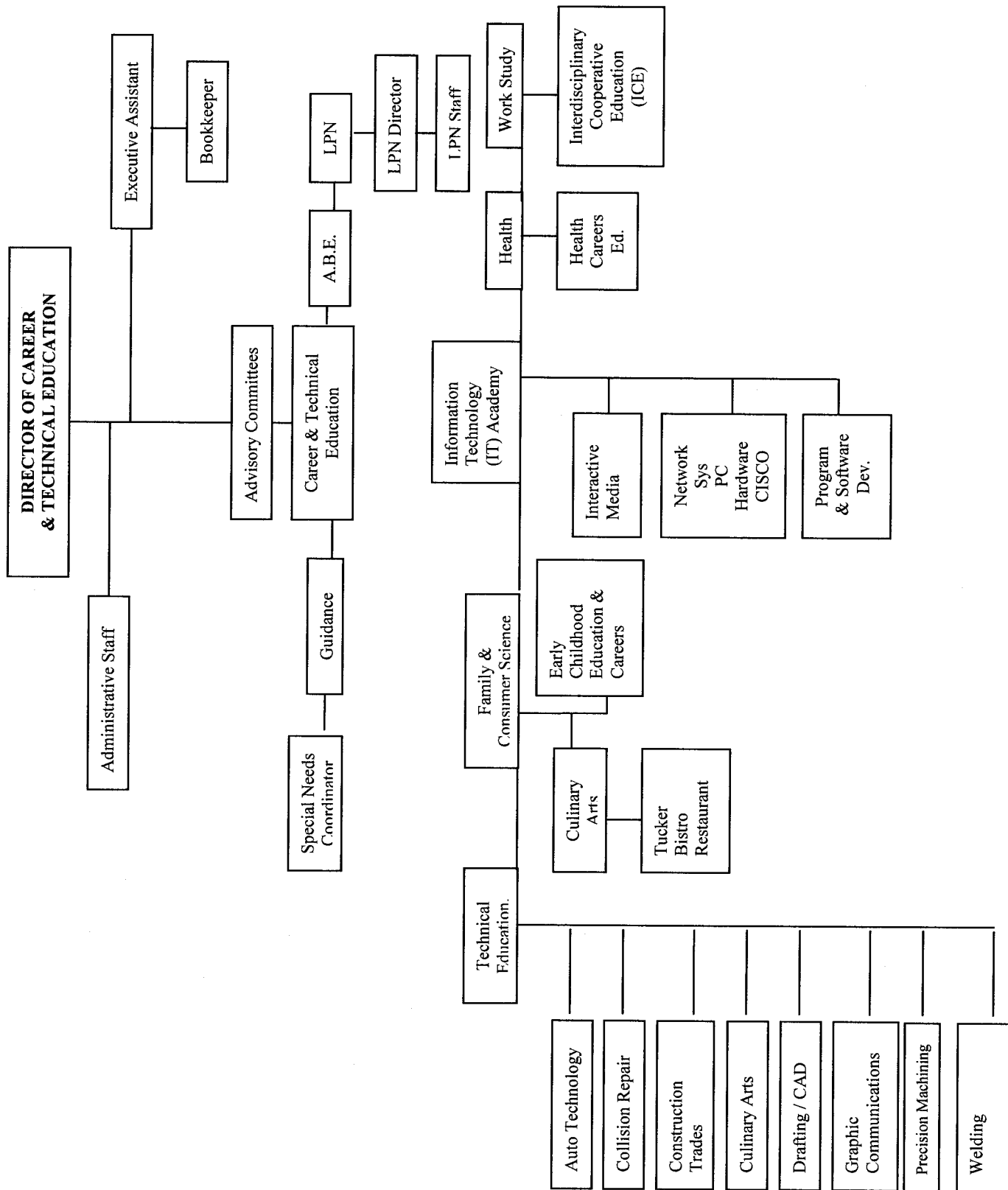
StuNurse Education/Employment.com

Nursing Focus

Davis Drug Guides 2013

Mosby's Manual of Diagnostic and Laboratory Tests

All the current textbooks used in the program





Indiana State Board of Nursing

402 West Washington Street, Room W072

Indianapolis, Indiana 46204

Telephone: (317) 234-2043 Fax: (317) 233-4236

Website: www.PLA.IN.gov Email: pla2@pla.in.gov

Governor Mitchell E. Daniels, Jr.

ANNUAL REPORT FOR PROGRAMS IN NURSING

Guidelines: An Annual Report, prepared and submitted by the faculty of the school of nursing, will provide the Indiana State Board of Nursing with a clear picture of how the nursing program is currently operating and its compliance with the regulations governing the professional and/or practical nurse education program(s) in the State of Indiana. The Annual Report is intended to inform the Education Subcommittee and the Indiana State Board of Nursing of program operations during the academic reporting year. This information will be posted on the Board's website and will be available for public viewing.

Purpose: To provide a mechanism to provide consumers with information regarding nursing programs in Indiana and monitor complaints essential to the maintenance of a quality nursing education program.

Directions: To complete the Annual Report form attached, use data from your academic reporting year unless otherwise indicated. An example of an academic reporting year may be: August 1, 2011 through July 31, 2012. Academic reporting years may vary among institutions based on a number of factors including budget year, type of program delivery system, etc. Once your program specifies its academic reporting year, the program must utilize this same date range for each consecutive academic reporting year to insure no gaps in reporting. You must complete a **SEPARATE report** for each PN, ASN and BSN program.

This form is due to the Indiana Professional Licensing Agency by the close of business on October 1st each year. The form must be electronically submitted with the original signature of the Dean or Director to: PLA2@PLA.IN.GOV. Please place in the subject line "Annual Report (Insert School Name) (Insert Type of Program) (Insert Academic Reporting Year)". For example, "Annual Report ABC School of Nursing ASN Program 2011." The Board may also request your most recent school catalog, student handbook, nursing school brochures or other documentation as it sees fit. It is the program's responsibility to keep these documents on file and to provide them to the Board in a timely manner if requested.

Indicate Type of Nursing Program for this Report: PN X ASN _____ BSN _____

Dates of Academic Reporting Year: 12/08/2011-02/08/2012
(Date/Month/Year) to (Date/Month/Year)

Name of School of Nursing: Marion Community School of Practical Nursing Program

Address: 107 South Pennsylvania Ave Marion, IN 46952

Dean/Director of Nursing Program

Name and Credentials: Amanda R. Leffler MSN, RN

Title: LPN Director Email: aleffler@marion.k12.in.us

Nursing Program Phone #: 765-664-9091 Fax: 765-651-2048

Website Address: http://www.marion.k12.in.us

Social Media Information Specific to the SON Program (Twitter, Facebook, etc.): No

Please indicate last date of NLNAC or CCNE accreditation visit, if applicable, and attach the outcome and findings of the visit: NA

If you are not accredited by NLNAC or CCNE where are you at in the process? Deemed eligible to participate in the candidacy process

SECTION 1: ADMINISTRATION

Using an "X" indicate whether you have made any of the following changes during the preceding academic year. For all "yes" responses you must attach an explanation or description.

- | | |
|---|-----------------------|
| 1) Change in ownership, legal status or form of control | Yes _____ No <u>X</u> |
| 2) Change in mission or program objectives | Yes _____ No <u>X</u> |
| 3) Change in credentials of Dean or Director | Yes _____ No <u>X</u> |
| 4) Change in Dean or Director | Yes _____ No <u>X</u> |
| 5) Change in the responsibilities of Dean or Director | Yes _____ No <u>X</u> |
| 6) Change in program resources/facilities | Yes _____ No <u>X</u> |
| 7) Does the program have adequate library resources? | Yes <u>X</u> No _____ |
| 8) Change in clinical facilities or agencies used (list both additions and deletions on attachment) | Yes _____ No <u>X</u> |
| 9) Major changes in curriculum (list if positive response) | Yes _____ No <u>X</u> |

SECTION 2: PROGRAM

1A.) How would you characterize your program's performance on the NCLEX for the most recent academic year as compared to previous years? Increasing X Stable _____ Declining _____

1B.) If you identified your performance as declining, what steps is the program taking to address this issue?

2A.) Do you require students to pass a standardized comprehensive exam before taking the NCLEX?
Yes _____ No X

2B.) If not, explain how you assess student readiness for the NCLEX. _____
They take a standardized comprehensive test; the test is used to test readiness however they are not required to pass the test

2C.) If so, which exam(s) do you require? Arnett CAT Examination

2D.) When in the program are comprehensive exams taken: Upon Completion X
As part of a course _____ Ties to progression or thru curriculum _____

2E.) If taken as part of a course, please identify course(s): _____

3.) Describe any challenges/parameters on the capacity of your program below:

A. Faculty recruitment/retention: No issues with recruitment, however it is hard to retain faculty for longer than one year

B. Availability of clinical placements: No Issues

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.):

Skills/Sim lab out-of-date; Purchased a complete Sim Lab with training for staff and updated skills lab equipment

4.) At what point does your program conduct a criminal background check on students?
Before entry

5.) At what point and in what manner are students apprised of the criminal background check for your program? During admission testing and by Director in verbal & written form

SECTION 3: STUDENT INFORMATION

1.) Total number of students admitted in academic reporting year:

Summer 0 Fall 51 Spring 0

2.) Total number of graduates in academic reporting year:

Summer 0 Fall 30 Spring 0

3.) Please attach a brief description of all complaints about the program, and include how they were addressed or resolved. For the purposes of illustration only, the CCNE definition of complaint is included at the end of the report.

4.) Indicate the type of program delivery system:

Semesters X Quarters other (specify): Clock Hours

SECTION 4: FACULTY INFORMATION

A. Provide the following information for **all faculty new** to your program in the academic reporting year (attach additional pages if necessary):

Faculty Name:	Jenna Satterthwaite
Indiana License Number:	28184095A
Full or Part Time:	Full-Time
Date of Appointment:	09/08/2011
Highest Degree:	BSN
Responsibilities:	Classroom/Clinical

Faculty Name:	Michele Bangma
Indiana License Number:	28161677A
Full or Part Time:	Full-Time
Date of Appointment:	08/08/2011
Highest Degree:	BSN
Responsibilities:	Classroom/Clinical

Faculty Name:	Bonnie Miltenberger
Indiana License Number:	28151574A
Full or Part Time:	Adjunct Clinical Faculty
Date of Appointment:	05/01/2012

Highest Degree:	ASN
Responsibilities:	Clinical

Faculty Name:	Sharon Hoheimer
Indiana License Number:	28160930A
Full or Part Time:	Adjunct Clinical Faculty
Date of Appointment:	06/09/2011
Highest Degree:	ASN
Responsibilities:	Clinical

Faculty Name:	Margie Bowman
Indiana License Number:	28155053A
Full or Part Time:	Full-Time
Date of Appointment:	07/9/2012
Highest Degree:	BSN
Responsibilities:	Classroom/Clinical

B. Total faculty teaching in your program in the academic reporting year:

1. Number of full time faculty: 3
2. Number of part time faculty: 1
3. Number of full time clinical faculty: 0
4. Number of part time clinical faculty: 0
5. Number of adjunct faculty: 8

C. Faculty education, by highest degree only:

1. Number with an earned doctoral degree: 0

2. Number with master's degree in nursing: 2

3. Number with baccalaureate degree in nursing: 5

4. Other credential(s). Please specify type and number: 5, ASN (all clinical faculty)

D. Given this information, does your program meet the criteria outlined in **848 IAC 1-2-13**?

Yes X No

E. Please attach the following documents to the Annual Report in compliance with **848 IAC 1-2-23**:

1. A list of faculty no longer employed by the institution since the last Annual Report;
2. An organizational chart for the nursing program and the parent institution.

I hereby attest that the information given in this Annual Report is true and complete to the best of my knowledge. This form **must** be signed by the Dean or Director. No stamps or delegation of signature will be accepted.

Signature of Dean/Director of Nursing Program

Date

Printed Name of Dean/Director of Nursing Program

Please note: Your comments and suggestions are welcomed by the Board. Please feel free to attach these to your report.

Definitions from CCNE:

Potential Complainants

A complaint regarding an accredited program may be submitted by any individual who is directly affected by the actions or policies of the program. This may include students, faculty, staff, administrators, nurses, patients, employees, or the public.

Guidelines for the Complainant

The CCNE Board considers formal requests for implementation of the complaint process provided that the complainant: a) illustrates the full nature of the complaint in writing, describing how CCNE standards or procedures have been violated, and b) indicates his/her willingness to allow CCNE to notify the program and the parent institution of the exact nature of the complaint, including the identity of the originator of the complaint. The Board may take whatever action it deems appropriate regarding verbal complaints, complaints that are submitted anonymously, or complaints in which the complainant has not given consent to being identified.

2. Number with master's degree in nursing: 2

3. Number with baccalaureate degree in nursing: 5

4. Other credential(s). Please specify type and number: 5, ASN (all clinical faculty)

D. Given this information, does your program meet the criteria outlined in 848 IAC 1-2-13?

Yes X No

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Amanda R Lefler

Signature of Dean/Director of Nursing Program

9-4-2012

Date

Amanda R Lefler

Printed Name of Dean/Director of Nursing Program

Please note: Your comments and suggestions are welcomed by the Board. Please feel free to attach these to your report.